

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/088675

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	U.	IND.	DEP.
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TOTAL IND.	2		2									
TOTAL DEP.	14	→	10	→								
TOTAL CLAIMS	14		12									

Best Available Copy